

UTILITY

PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.

Total Pages

29

Inventor:

Cedric G. DeLaCruz

Title: SYSTEM, METHOD AND APPARATUS FOR
SELLING GIFT CERTIFICATES AND STORE CREDITS

Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

22856 U.S. PTO
10/812624

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner of Patents
Box Patent Application
Washington, D.C. 20231

1. ☒ Fee Transmittal Form
(submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages 16]
(preferred arrangement set forth below)
- Descriptive title of invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings(if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s)(35 USC 113) [Total Sheets 3]
4. Oath or Declaration [Total Pages 2]
- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application(37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b)
5. ☐ Incorporation by reference(usable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath
or declaration is supplied under Box 4b, is considered as being part of the
disclosure of the accompanying application and is hereby incorporated by
reference herein.

6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy(identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers(cover sheet & document(s))
9. ☐ 37 CFR 3.73(b)Statement ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure ☐ Copies of IDS
Statement(IDS)/PTO-1449 Citations
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Small Entity ☐ Statement filed in prior application,
Statement(s) Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other: Fee Transmittal

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No: 09/518,968

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

NAME Cedric G. DeLaCruz

ADDRESS 682 Prospect Street

CITY Maplewood

STATE NEW JERSEY

ZIP CODE 07040

COUNTRY UNITED STATES

TELEPHONE 973-762-1025

FAX

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Cedric G. DeLaCruz

Reg. # 36,498

TELEPHONE 973-762-1025

SIGNATURE

DATE

3-30-01

"Express Mail" Mailing Label Number

Date of Deposit

I hereby certify that this Application

Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and
is addressed to the Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.

Cedric G. DeLaCruz

(Printed Name of Person Mailing Paper)

(Signature of Person Mailing Paper)



033004

21861 US PTO

Please type a plus sign(+) inside this box→

PTO/SB/17

FEE TRANSMITTAL

*Patent Fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997
Small Entity payments must be supported by a small entity Statement,
otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.*

Complete if Known

Application Number

Filing Date

April 9, 2003

First Named Inventor

Cedric G. DeLaCruz

Examiner Name

Group/Art Unit

Attorney Docket No.

TOTAL AMOUNT OF PAYMENT	(\$)<u>385.00</u>
--------------------------------	--------------------------

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

**Deposit
Account
Number**

**Deposit
Account
Name**

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

Small Entity Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
2001	375	Utility Filing Fee	\$375.00

SUBTOTAL (1) (\$)	\$385.00
--------------------------	-----------------

2. CLAIMS

		Extra Claims	Fee from below	Fee Paid
Total Claims	20 -20=	0	X	=
Independent Claims	3 -3 =	0	X	=
Multiple Dependent Claims				=

SUBTOTAL (2) (\$)

SUBMITTED BY

Typed or
Printed Name

Cedric G. DeLaCruz

Signature

Date _____

3.300 y

Complete (if applicable)

Reg. Number

36,498

Deposit Account	
User ID	